



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code	<u>0380</u> (Current)	<u>0380</u> (Prior)	NAIC Company Code	<u>96202</u>	Employer's ID Number	<u>52-1358219</u>
Organized under the Laws of	<u>District of Columbia</u>			State of Domicile or Port of Entry	<u>District of Columbia</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	<u>06/22/1984</u>			Commenced Business	<u>03/01/1985</u>	
Statutory Home Office	<u>840 First Street, NE</u> (Street and Number)			<u>Washington, DC, US 20065</u> (City or Town, State, Country and Zip Code)		
Main Administrative Office	<u>10455 Mill Run Circle</u> (Street and Number)			<u>410-581-3000</u> (Area Code) (Telephone Number)		
	<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Mail Address	<u>10455 Mill Run Circle</u> (Street and Number or P.O. Box)			<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	<u>10455 Mill Run Circle</u> (Street and Number)			<u>410-998-7011</u> (Area Code) (Telephone Number)		
	<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Internet Website Address	<u>www.carefirst.com</u>					
Statutory Statement Contact	<u>William Vincent Stack</u> (Name)			<u>410-998-7011</u> (Area Code) (Telephone Number)		
	<u>bill.stack@carefirst.com</u> (E-mail Address)			<u>410-998-6850</u> (FAX Number)		

OFFICERS

President and Chief Executive Officer	<u>Chester Emerson Burrell</u>	Corp. Treasurer & VP	<u>Jeanne Ann Kennedy</u>
Corp. Secretary, Exec. VP & Gen. Counsel	<u>Meryl Davis Burgin</u>		

OTHER

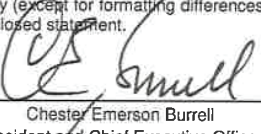

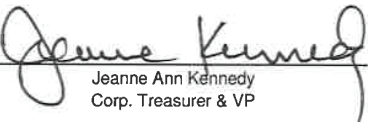
<u>Gregory Mark Chaney, EVP, CFO</u>	<u>Jonathan David Blum, EVP, Medical Affairs</u>	<u>Harry Dietz Fox, EVP, Technical & Ops Support</u>
<u>Steven Jon Margolis, EVP, Small & Medium Group SBU</u>	<u>Wanda Kay Oneferu-Bey, EVP, Consumer Direct SBU</u>	<u>Brian David Pieninck #, EVP, Large Group SBU</u>
<u>Fred Adrian Walton Plumb, EVP, SBU-FEHP</u>	<u>Jennifer Ann Cryor Baldwin, SVP, Patient Centered Medical Home (PCMH)</u>	<u>Rita Ann Costello, SVP, Strategic Marketing</u>
<u>Michael Bruce Edwards, SVP, Networks Mgmt</u>	<u>Usha Nakhasi, SVP, Gen Mgr SBPASC/FEPOC</u>	<u>Jon Paul Shematek, SVP, Chief Medical Officer</u>
<u>Gwendolyn Denise Skillern, SVP, General Auditor</u>	<u>Maria Harris Tildon, SVP, Public Policy</u>	<u>Michelle Judith Wright, SVP, Human Resources</u>

DIRECTORS OR TRUSTEES

<u>Chester Emerson Burrell</u>	<u>Wendell Lee Johns</u>	<u>Jack Allan Meyer</u>
<u>John Frederick Reim</u>	<u>James Jerry Xinis</u>	

State of Maryland SS:
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

 Chester Emerson Burrell President and Chief Executive Officer	 Meryl Davis Burgin Corp. Secretary, Exec. VP & Gen. Counsel	 Jeanne Ann Kennedy Corp. Treasurer & VP
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Subscribed and sworn to before me this 22nd day of February, 2016
Kathleen M. Rumbly

- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....



EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
CaremarkPCS Health, LLC	51,743,074	0	0	0	0	51,743,074
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	51,743,074	0	0	0	0	51,743,074
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	346,264	72,196	86,192	3,663,513	4,168,165	0
0299999. Total Claim Overpayment Receivables	346,264	72,196	86,192	3,663,513	4,168,165	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	33,428,600	0	0	0	0	33,428,600
0399999. Total Loans and Advances to Providers	33,428,600	0	0	0	0	33,428,600
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	85,517,938	72,196	86,192	3,663,513	4,168,165	85,171,674

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	31,935,363	0	0	51,743,074	31,935,363	31,935,363
2. Claim overpayment receivables	4,022,504	0	0	4,168,165	4,022,504	4,022,504
3. Loans and advances to providers	31,474,100	0	0	33,428,600	31,474,100	31,474,100
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	67,431,967	0	0	89,339,839	67,431,967	67,431,967

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	3,267,146	0.1	352,861	51.1	0	3,267,146
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	3,267,146	0.1	352,861	51.1	0	3,267,146
Other Payments:						
5. Fee-for-service	12,204,501	0.5	XXX	XXX	0	12,204,501
6. Contractual fee payments	2,379,025,899	99.4	XXX	XXX	0	2,379,025,899
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	2,391,230,400	99.9	XXX	XXX	0	2,391,230,400
13. TOTAL (Line 4 plus Line 12)	2,394,497,546	100%	XXX	XXX	0	2,394,497,546

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	Davis Vision	3,267,146	272,262	.0	.0
9999999 Totals		3,267,146	xxx	xxx	xxx

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

(LOCATION)

NAIC Group Code	0380	BUSINESS IN THE STATE OF		District of Columbia	DURING THE YEAR						2015	NAIC Company Code		96202
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	86,259	7,464	78,183	0	338	274	0	0	0	0				
2. First Quarter	86,306	9,511	76,147	0	367	281	0	0	0	0				
3. Second Quarter	85,439	9,542	75,262	0	368	267	0	0	0	0				
4. Third Quarter	87,220	9,293	77,257	0	345	325	0	0	0	0				
5. Current Year	88,765	8,818	79,243	0	356	348	0	0	0	0				
6. Current Year Member Months	1,039,336	110,036	921,420	0	4,364	3,516	0	0	0	0				
Total Member Ambulatory Encounters for Year:														
7. Physician	478,124	43,202	434,922	0	0	0	0	0	0	0				
8. Non-Physician	276,345	30,797	245,548	0	0	0	0	0	0	0				
9. Total	754,469	73,999	680,470	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	12,790	1,121	11,669	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions	3,795	366	3,429	0	0	0	0	0	0	0				
12. Health Premiums Written (b)	368,543,225	30,388,805	337,466,448	0	111,552	576,420	0	0	0	0				
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned	368,383,225	30,228,805	337,466,448	0	111,552	576,420	0	0	0	0				
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services	270,545,108	27,711,585	242,319,446	0	86,341	427,736	0	0	0	0				
18. Amount Incurred for Provision of Health Care Services	268,784,024	27,970,897	240,360,168	0	86,341	366,618	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products367 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

(LOCATION)

NAIC Group Code	0380	BUSINESS IN THE STATE OF Maryland		DURING THE YEAR 2015							NAIC Company Code 96202	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	470,962	105,504	307,606	0	129	26	57,697	0	0	0		
2. First Quarter	516,122	169,468	285,294	0	226	20	61,114	0	0	0		
3. Second Quarter	518,262	172,177	284,140	0	212	18	61,715	0	0	0		
4. Third Quarter	512,934	169,344	281,146	0	184	4	62,256	0	0	0		
5. Current Year	503,342	164,784	275,215	0	324	6	63,013	0	0	0		
6. Current Year Member Months	6,133,096	1,994,245	3,394,263	0	2,730	187	741,671	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,198,401	991,581	1,730,814	0	0	0	476,006	0	0	0		
8. Non-Physician	1,866,318	598,096	996,402	0	0	0	271,820	0	0	0		
9. Total	5,064,719	1,589,677	2,727,216	0	0	0	747,826	0	0	0		
10. Hospital Patient Days Incurred	103,717	32,495	54,716	0	0	0	16,506	0	0	0		
11. Number of Inpatient Admissions	26,565	8,074	14,710	0	0	0	3,781	0	0	0		
12. Health Premiums Written (b)	2,218,976,670	512,412,970	1,368,624,614	0	29,645	375,143	337,534,298	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	2,222,087,407	519,211,820	1,358,134,513	0	29,645	375,143	344,336,286	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,800,771,207	522,111,503	969,259,239	0	22,945	333,258	309,044,262	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,801,830,943	536,940,698	955,861,606	0	22,945	131,193	308,874,501	0	0	0		

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products327 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	96202	
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
			Individual	Group								
Total Members at end of:												
1.	Prior Year	104,815	25,511	78,803	0	6	495	0	0	0	0	
2.	First Quarter	103,016	25,873	76,619	0	18	506	0	0	0	0	
3.	Second Quarter	99,809	24,893	74,375	0	23	518	0	0	0	0	
4.	Third Quarter	99,978	23,691	75,599	0	18	670	0	0	0	0	
5.	Current Year	99,087	22,525	75,881	0	25	656	0	0	0	0	
6.	Current Year Member Months	1,205,081	291,585	906,405	0	229	6,862	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	589,998	131,082	458,916	0	0	0	0	0	0	0	
8.	Non-Physician	291,242	72,556	218,686	0	0	0	0	0	0	0	
9.	Total	881,240	203,638	677,602	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	16,299	4,588	11,711	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	4,748	1,274	3,474	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	400,582,243	78,432,495	321,799,451	0	81,557	268,740	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	395,846,580	78,464,572	317,031,711	0	81,557	268,740	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	323,181,229	78,734,532	244,097,520	0	63,125	286,052	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	320,224,802	77,215,949	242,730,032	0	63,125	215,696	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products27 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		0380		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		(LOCATION)		NAIC Company Code		96202	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
			2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																	
1. Prior Year		662,036	138,479	464,592	0	473	795	57,697	0	0	0						
2. First Quarter		705,444	204,852	438,060	0	611	807	61,114	0	0	0						
3. Second Quarter		703,510	206,612	433,777	0	603	803	61,715	0	0	0						
4. Third Quarter		700,132	202,328	434,002	0	547	999	62,256	0	0	0						
5. Current Year		691,194	196,127	430,339	0	705	1,010	63,013	0	0	0						
6. Current Year Member Months		8,377,513	2,395,866	5,222,088	0	7,323	10,565	741,671	0	0	0						
Total Member Ambulatory Encounters for Year:																	
7. Physician		4,266,523	1,165,865	2,624,652	0	0	0	476,006	0	0	0						
8. Non-Physician		2,433,905	701,449	1,460,636	0	0	0	271,820	0	0	0						
9. Total		6,700,428	1,867,314	4,085,288	0	0	0	747,826	0	0	0						
10. Hospital Patient Days Incurred		132,806	38,204	78,096	0	0	0	16,506	0	0	0						
11. Number of Inpatient Admissions		35,108	9,714	21,613	0	0	0	3,781	0	0	0						
12. Health Premiums Written (b)		2,988,102,138	621,234,270	2,027,890,513	0	222,754	1,220,303	337,534,298	0	0	0						
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0						
15. Health Premiums Earned.....		2,986,317,212	627,905,197	2,012,632,672	0	222,754	1,220,303	344,336,286	0	0	0						
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services.....		2,394,497,544	628,557,620	1,455,676,205	0	172,411	1,047,046	309,044,262	0	0	0						
18. Amount Incurred for Provision of Health Care Services		2,390,839,769	642,127,544	1,438,951,806	0	172,411	713,507	308,874,501	0	0	0						

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products721 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

SCHEDULE S - PART 1 - SECTION 2

[illegible]

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
53007	53-0078070	01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRSL/A/G	CMM	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRSL/A/G	CMM	12,500	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							25,000	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	6,401,987	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							6,401,987	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							6,401,987	0	0	0	0	0	0
1199999. Total General Account Authorized							6,426,987	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							6,426,987	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							6,426,987	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							6,426,987	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	6,427	4,266	25	25	25
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	105,567	35,879	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	9,901	4,620	0	0	0
8. Reinsurance recoverable on paid losses	86,381	31,259	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	803,234,273	0	803,234,273
2. Accident and health premiums due and unpaid (Line 15)	80,978,623	0	80,978,623
3. Amounts recoverable from reinsurers (Line 16.1)	86,381,230	(86,381,230)	0
4. Net credit for ceded reinsurance	XXX	96,282,357	96,282,357
5. All other admitted assets (Balance)	206,396,395	0	206,396,395
6. Total assets (Line 28)	1,176,990,521	9,901,127	1,186,891,648
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	169,510,105	9,901,127	179,411,232
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	76,361,179	0	76,361,179
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	190,014,599	0	190,014,599
15. Total liabilities (Line 24)	435,885,883	9,901,127	445,787,010
16. Total capital and surplus (Line 33)	741,104,638	XXX	741,104,638
17. Total liabilities, capital and surplus (Line 34)	1,176,990,521	9,901,127	1,186,891,648
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	9,901,127		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	86,381,230		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	96,282,357		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	96,282,357		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation
N/A	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
1.

An extension was granted by the state of domicile to file on 4/15/2016.
11.
12.
13.
14.

Not applicable. Company does not have 100 or more stockholders.
15.
16.
17.
18.
19.
20.
21.
22.
23.

Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12.	Life Supplement [Document Identifier 205]
13.	Property/Casualty Supplement [Document Identifier 207]
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17.	Medicare Part D Coverage Supplement [Document Identifier 365]
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 24

Exhibit 8 - Furniture, Equipment and Supplies Owned 25

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 30

Five-Year Historical Data 29

General Interrogatories 27

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 26

Overflow Page For Write-ins 44

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E19

Schedule DB - Part A - Verification Between Years SI11

Schedule DB - Part B - Section 1 E20

Schedule DB - Part B - Section 2 E21

Schedule DB - Part B - Verification Between Years SI11

Schedule DB - Part C - Section 1 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - Verification Between Years SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14